

SELECT PARKINSON’S DISEASE TREATMENTS^{1-18*†}

ORALS

Treatment	Indication	Available dosage forms
Benztropine mesylate (pdp-Benztropine) 	pdp-Benztropine is indicated for the symptomatic treatment of all etiologic groups of Parkinsonism and drug-induced extrapyramidal disorders (except tardive dyskinesia).	1-mg tablets
Bromocriptine mesylate (Bromocriptine) 	Bromocriptine is effective when used as adjunct therapy to levodopa in the symptomatic management of Parkinson's Disease. Used concomitantly with levodopa, bromocriptine facilitates the use of lower doses of levodopa in early disease and attenuates the rate of increase in the levodopa dosages on long-term usage. In this way the risk of long-term complications such as prominent dyskinesias and/or end-of-dose failure can be reduced.	2.5-mg tablets 5-mg capsules
Entacapone (Comtan) 	Comtan is indicated as an adjunct to levodopa/carbidopa or levodopa/benserazide preparations to treat patients with idiopathic Parkinson's Disease who experience the signs and symptoms of end-of-dose "wearing-off".	200-mg tablets
Ethopropazine (Parsitan 50) 	In the symptomatic treatment of drug-induced extrapyramidal reactions and of the manifestations (rigidity, akinesia, sialorrhea, oculogyric crisis, tremor, etc.) of Parkinson's disease of encephalitic, arteriosclerotic or idiopathic origin.	50-mg tablets
Levodopa and benserazide (Prolopa) 	Prolopa is indicated for the treatment of Parkinson's disease with the exception of drug-induced parkinsonism.	50/12.5-mg, 100/25-mg and 200/50-mg capsules
Levodopa and carbidopa (Sinemet) 	Sinemet is indicated for the treatment of Parkinson's disease. Sinemet is not recommended for the treatment of drug-induced extrapyramidal reactions.	100/25-mg and 250/25-mg tablets
Levodopa and carbidopa (Sinemet CR) 	Sinemet CR is indicated for the treatment of Parkinson's disease. Sinemet CR is not recommended for the treatment of drug-induced extrapyramidal reactions.	100/25-mg and 250/25-mg controlled-release tablets
Levodopa, carbidopa and entacapone (Stalevo) 	Stalevo is indicated to treat patients with idiopathic Parkinson's disease: - To substitute for immediate-release levodopa/carbidopa and entacapone previously administered as individual products. - To replace immediate-release levodopa/carbidopa therapy (without entacapone) when patients experience the signs and symptoms of end of dose "wearing off" (only recommended when patients are taking a total daily dose of levodopa of 600 mg or less and not experiencing dyskinesias.	50/12.5/200-mg, 75/18.75/200-mg, 100/25/200-mg, 125/31.25/200-mg and 150/37.5/200-mg tablets
pdp-amantadine hydrochloride (pdp-Amantadine Hydrochloride Capsules) 	Amantadine is useful in the treatment of Parkinson's Syndrome and in the short-term management of drug-induced extrapyramidal symptoms.	100-mg capsules
Pramipexole dihydrochloride monohydrate (Mirapex) 	Mirapex is indicated for: treatment of the signs and symptoms of idiopathic Parkinson's disease. Mirapex may be used both as early therapy, without concomitant levodopa, and as an adjunct to levodopa.	0.125-mg and 0.25-mg tablets
Rasagiline (Azilect) 	Azilect is indicated for the treatment of the signs and symptoms of idiopathic Parkinson's disease as initial monotherapy, and as adjunct therapy to dopamine agonists or to levodopa.	0.5-mg and 1-mg tablets

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Ropinirole hydrochloride (Requip)  Image is the 1-mg tablet	Requip is indicated in the treatment of the signs and symptoms of idiopathic Parkinson's disease.	0.25-mg, 1-mg, 2-mg and 5-mg tablets
Safinamide tablets (Onstryv) 	Onstryv is indicated as an add-on therapy to a regimen that includes levodopa for the treatment of the signs and symptoms of idiopathic Parkinson's disease in patients experiencing "off" episodes while on a stable dose of levodopa.	50-mg and 100-mg tablets
Selegiline hydrochloride (Mylan-Selegiline) 	Mylan-selegiline may be of value: - as an adjunct to levodopa (with or without a decarboxylase inhibitor) in the management of the signs and symptoms of Parkinson's disease. - in newly diagnosed patients before symptoms begin to affect the patient's social or professional life, at which time more efficacious treatment becomes necessary.	5-mg tablets

PATCH

Treatment	Indication	Available dosage forms
Rotigotine (Neupro) 	Neupro is indicated for the treatment of the signs and symptoms of idiopathic Parkinson's disease. Neupro may be used both as early therapy, without concomitant levodopa, and as an adjunct to levodopa.	1-mg, 2-mg, 3-mg, 4-mg, 6-mg and 8-mg 24-hr transdermal delivery system (patch)

DEVICE-AIDED THERAPY

Treatment	Indication	Available dosage forms
Non-surgical		
Foslevodopa/foscarbidopa solution (VYALEV) 	VYALEV is indicated for the treatment of motor fluctuations in patients with advanced levodopa-responsive Parkinson's disease who do not have satisfactory control of severe, debilitating motor fluctuations and hyper-/dyskinesia despite optimized treatment with available combinations of Parkinson's medicinal products. VYALEV should only be prescribed by neurologists who are experienced in the treatment of patients with Parkinson's disease.	240/12-mg/mL solution for subcutaneous infusion
Surgical		
Levodopa/carbidopa intestinal gel (DUODOPA) 	DUODOPA is indicated for the treatment of patients with advanced levodopa-responsive Parkinson's disease who do not have satisfactory control of severe, debilitating motor fluctuations and hyper-/dyskinesia despite optimized treatment with available combinations of Parkinson's medicinal products, and for whom the benefits of this treatment may outweigh the risks associated with the insertion and long-term use of the percutaneous endoscopic gastrostomy-jejunostomy (PEG-J) tube required for administration. Prior to insertion of PEG-J tube, a positive test of the clinical response to DUODOPA administered via a temporary nasojejunal tube is recommended for all patients. DUODOPA should only be prescribed by neurologists who are experienced in the treatment of patients with Parkinson's disease, and who have completed the DUODOPA education program that includes training in: the criteria for selecting suitable patients; initiation and management with DUODOPA therapy via naso-intestinal infusion and percutaneous endoscopic gastrostomy; postprocedural care; and the risks associated with the procedure and long-term use of the PEG-J.	20/5-mg/mL intestinal gel
Deep brain stimulation 	Surgical treatment for Parkinson's disease may be considered in appropriately selected patients with substantial motor complications when optimized medical treatment has failed to control motor symptoms (e.g., motor fluctuations or dyskinesia).	N/A

BID=twice daily; OD=once daily; TID=three times daily
* Data from separate product monographs. Comparative clinical significance has not been established.
† Product images are for illustration purposes only.
Please note that branded pill images were used in the above table, and they may be different from the generic.

References: 1. Sinemet Product Monograph. Organon Canada Inc. 2. Sinemet CR Product Monograph. Merck Canada Inc. 3. DUODOPA Product Monograph. AbbVie Corporation. 4. Stalevo Product Monograph. Sandoz Canada Inc. 5. Prolopa Product Monograph. Hoffman-La Roche Ltd. 6. Comtan Product Monograph. Sandoz Canada Inc. 7. Azilect Product Monograph. Teva Canada Ltd. 8. Mylan-selegiline Product Monograph. Mylan Pharmaceuticals ULC. 9. Mirapex Product Monograph. Boehringer Ingelheim Canada Ltd. 10. Bromocriptine Product Monograph. AA Pharma Inc. 11. pdp-Amantidine Hydrochloride Product Monograph. Pendopharm, Division of Pharmascience Inc. 12. pdp-Benztropine Product Monograph. Pendopharm, Division of Pharmascience Inc. 13. Parsitan 50 Product Monograph. Searchlight Pharma Inc. 14. Requip Product Monograph. GlaxoSmithKline Inc. 15. Neupro Product Monograph. UCB Canada Inc. 16. Onstryv Product Monograph. Valeo Pharma Inc. 17. VYALEV Product Monograph. AbbVie Corporation. 18. Grimes D, et al. Canadian guideline for Parkinson disease. CMAJ 2019;191(36):E989-E1004.